

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

42131

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Leeds Rantoul
(c) Name of hospital or institution:
41 Raytown Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Kieckbusch

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Kieckbusch 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 1, 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Anton Reiss
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Kieckbusch
(b) Address 41 & Raytown Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11, 41
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetary

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) Oct 15, 1941 (b) D. M. Embank
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Leeds
(If outside city or town limits, write "RURAL")
(d) Street No. 41 Raytown Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1941 hour 1 A. M. minute M.

21. I hereby certify that I attended the deceased from July 1 st. 1941 to Oct 10 1941
that I last saw her alive on Oct 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Arterial Sclerosis

Due to 9322

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Emil W. Embank (M.D. or other)

Address 715 Argyle Eld Date signed Oct 10 41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~

....., Registered Apprentice No.....
working under my personal supervision.

Signed Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address H.P. 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.